

Vermont State Hospital

Pharmacy & Therapeutics Committee Meeting



March 29, 2007 3:00 pm

AGENDA

- Adverse Drug Reactions
- Patient Information Sheets
- PRN Medication Protocol
- Pharmacy Reports

Facilitator: Thomas Simpatico

Attendees: Thomas Simpatico, Wendy Magee, MaryBeth Bizzari, Fran Levine, Kate Plummer, Deb Bard, Anne Jerman, Richard Munson

Patient Information Sheets

Dr. Simpatico explained that the Medical Staff had agreed that patients should receive Information Sheets regarding any medications the patient is taking. The default position is that each patient will receive an information sheet for each medication they are taking. This can be overruled by the attending physician if there is a justifiable clinical reason to withhold that information. The sheets will be distributed to the patient and explained by a member of the nursing staff.

To demonstrate that the patient has received the sheet and had the medication explained to them, a progress note will be placed in the patient's file saying that Medication Education has been completed for that patient.

Scott Perry and Mary Beth Bizzari will work together to find the best source of short (one page) easy to read information sheets for this purpose.

Anne Jerman, Kate Plummer, and Fran Levine will work out the nursing process for this, and report back to the P&T committee at the next meeting.

Prescription Rationales

Dr. Simpatico told the P&T committee that VSH will need to be able to track why a medication is being prescribed – to have the order include the target symptom that a medication is treating. This would allow doctors to demonstrate when a patient has been exposed to a legitimate drug trial. It would also allow staff to pull information automatically for adverse drug reactions.

The Committee discussed the various ways of having the doctors show the reason behind a medication. It was suggested that the Medical Staff begin fully using the right hand column on the order sheet, but with a standardized list of rationales.

The Medical Staff will need to come up with the list of rationales.

If a medication is stopped early for whatever reason (side effects, patient refusal), the doctor will need to list the rationale for that as well, still using the right hand column of the order form, when they D/C'd the medication.

The on call doctors will need to be notified of this change as well. Scott Perry will spot check to make sure this is being done by all of the doctors working at VSH.

Regarding second opinions for orders that either exceed the maximum dosages or are for contemporary antipsychotics, currently the pharmacist often has to check a patient's chart to make sure that a second opinion has been obtained. It has been decided by the P&T Committee that from this point forward, an order that exceeds a maximum dosage or is for contemporary antipsychotics needs to have two signatories to the order, and a note on the chart demonstrating rationale. Scott Perry will track the use of double signatories in these cases.

The Medical Staff have agreed to being using stop orders on PRNs. PRNs will be good for a maximum of seven days. Dr. Simpatico explained that if the PRN hasn't been used, there will be no issue if it automatically goes away. If it is being used, nursing will communicate with the doctor, and either it will be folded into the standing dose for the patient, or the doctor could write another PRN – though continued use of the PRN will require a rationale.

Mary Beth Bizzari suggested that an auto stop be put into the pharmacy system, and requested that Wendy Magee develop reports that will show the expiring PRNs.

Dr. Munson mentioned that weekend starts of PRNs would always be expiring on a weekend with the 7 day rule. After some discussion, the P&T Committee decided as follows: All PRNs written by anyone other than the attending will be rewritten on the next business day.

Mary Beth Bizzari will write up a new procedure regarding PRN medications. Anne Jerman and Kate Plummer will design the procedure for the medication nurses regarding what should be done on the unit when the PRN stops. Anne Jerman will also set up training on this for the nurses.

The P&T Committee has decided that all current PRNs will be stopped on April 26th, excepting those that have been reviewed by the doctor and had rational provided in the weeks leading up to that date. Wendy Magee will produce PRN reports sorted by attending for the doctors to review.

Rewriting Orders

Current practice is that every 30 days, the nurses rewrite all the orders for each patient, and the physician signs off on this. The pharmacy prints out a report of all medication orders, and the nurses add to this all non medication orders. Anne Jerman mentioned the number of changes already being undertaken (involving the PRNs, and the rationales for medications), and suggested that this change be further discussed at the next P&T meeting.

Lithium, Valproate, and Carbamazepine Protocols

Dr. Simpatico will look into what other local facilities (FAHC) are doing in regards to these protocols. He will have an answer for the April P&T meeting.

Med Events and Adverse Drug Reactions

There have been four ADRs reported to date in 2007. New reports will allow VSH to show ADRs by unit, shift, etc.

The P&T Committee suggested that an educational campaign be launched about what errors need to be reported, as there seems to be ongoing staff confusion regarding this topic. There was a discussion about the best venue and method for teaching the information, and the P&T Committee decided the following. There will be a CSIW meeting dedicated to reviewing reportable med errors, most likely the CSIW meeting on April 18th, using a PowerPoint presentation which will be printed for unit distribution. Dr. Simpatico will also distribute an article on types of ADRs. There will be posters placed on the units in the nursing station as teaching tools. A mandatory hospital wide training will be offered. There will be incentives offered as well, i.e. the unit reporting the most ADRs gets a pizza party. After six months of this, during which progress can be tracked via Wendy Magee's reports showing the numbers of reported ADRs, there will be a formal class with a test which needs to be passed. After further discussion, it was decided that the opening stage of the education campaign would be for all staff, but the test at the end would apply to PT IIIs, RNs, LPNs, and Physicians.

New Pharmacy Reports

Wendy Magee presented the various reports she has designed to pull information out of the existing pharmacy system. The P&T Committee discussed various ways of tracking people who have been prescribed medication, but are not taking it or were stopped early. This will need further discussion. Also discussed a need to track what medications people come in to VSH with, versus what they leave with. The point was raised that patients on one or more neuroleptics upon entry into VSH need to be tracked against themselves to see how many they're on when they leave, to see if VSH is fulfilling a "filtering" role regarding medications.

Update to Formulary

Mary Beth Bizzari submitted changes to the formulary to be approved by the Medical Staff.

Meeting adjourned at 4:40pm.